

PATIENT

Pixie Palma

SPECIES

Canine

BREED

Spayed female

SEX

Spayed female

AGE

13 years

WEIGHT

16.4 lbs

PRESENTING CLINICAL SIGNS

History: Patient presented for ongoing PU/PD, not eating for past 3 days, lethargy. Last same episode on March 13th 2023 resolved after giving course of Clavaseptin. Bloodwork and Urinalysis done on March 13th. (emailed). Physical exam findings: -Tense urinary bladder wall -Changes compatible to chronic allergies; wide area of alopecia, erythema on ventral abdomen and inner thighs. Current Medications Convenia Injectable, Mirtazapine 2mg tablet
Abnormal PE/Chem/CBC/UA Results: please see attached labs and rads

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Dependent and suspended debris was noted in the bladder as well as calculi. Calculi measured 0.3 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight cortical infarcts were noted in both kidneys. The left kidney measured 4.36 cm. The right kidney measured 5.17 with pelvic calculus that measured 0.5 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Village Centre AH

REFERRING VET

Dr. Kunnath

Adrenal Glands

Both adrenal glands were mildly heterogenous and at the upper limits of normal. The right adrenal gland measured 2.33 x 1.09 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 1.68 x 0.66 cm at the caudal pole and 0.75 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

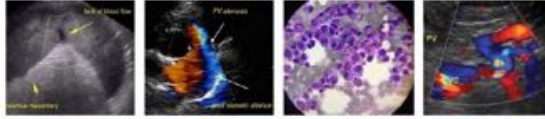
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

44098

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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

Renal calculi, non-obstructive.

AGE

13 years

Bladder calculi noted, likely oxalate. Dependent and suspended debris.

Emerging PDH is a potential if the patient appears Cushingoid.

WEIGHT

16.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is periodically passing calculi. Occult UTI is possible with washout effect. The patient may be passing calculi periodically contributing to the PU/PD. However, emerging PDH is also a potential. Cystotomy, stone analysis and culture can be considered. However, these calculi may pass as they are at the upper limits of normal for a female. If cystotomy is to be performed then sonogram should be performed prior to surgery to ensure that the calculi have not moved or more calculi have not formed or passed from the kidneys. An embedded infection may be present in the kidneys given the renal nephrolithiasis and degenerative changes.

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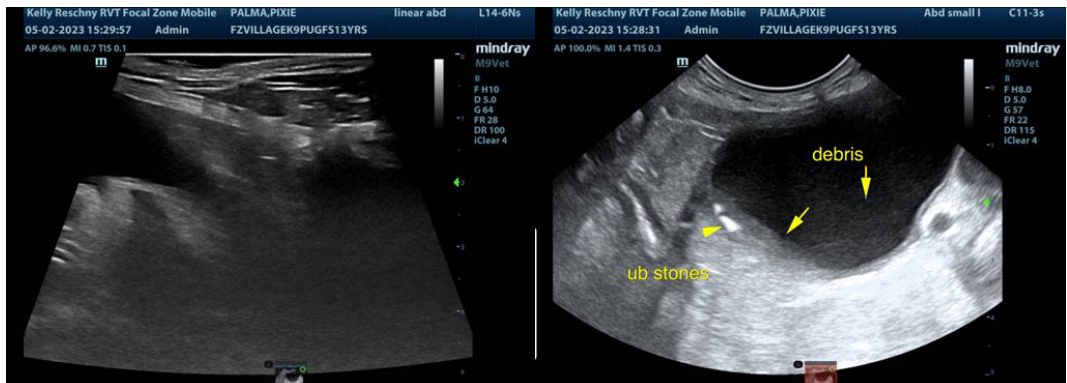
Dr. Kunnath

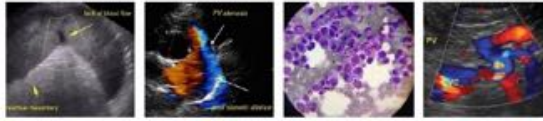
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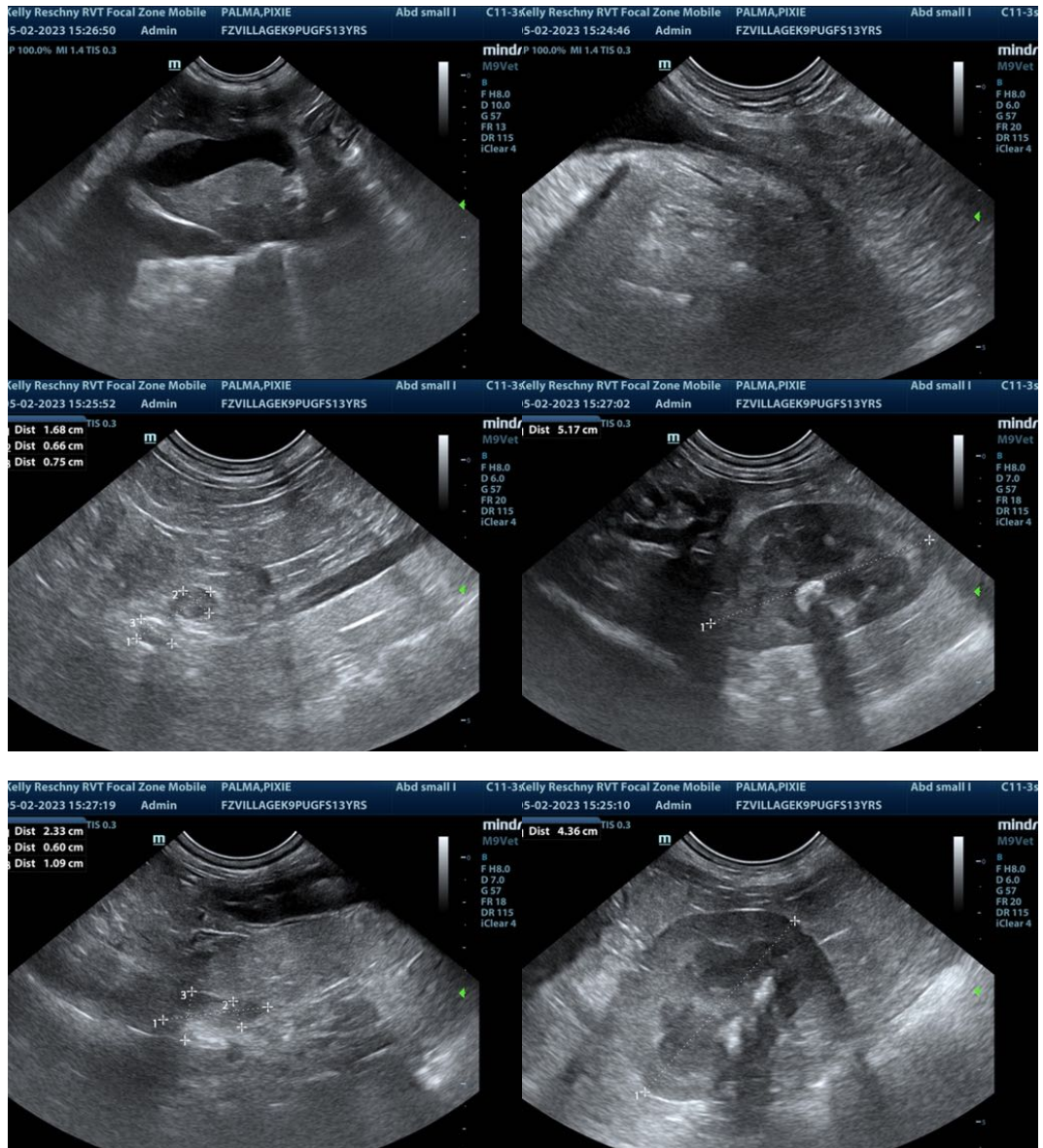
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com